

WC5 Neonatal Community Outreach

Scheme Name	<i>WC5 Neonatal Critical Care Community Outreach</i>
Section A. SUMMARY of SCHEME	
QIPP Reference	<i>[QIPP reference if any]</i>
Duration	April 2017 to March 2019
<u>Problem to be addressed</u>	
<p>Over one third (32 out of 90) of neonatal care units were running at above the recommended safe level with over 80 per cent of their funded cots occupied throughout 2014/15 on average. Nine per cent (8 out of 90) had over 100 per cent occupancy during the year. This problem was significantly worse in neonatal intensive care units, 70 per cent (21 out of 30) of which were running above recommended occupancy levels.</p> <p>However, there is also strong evidence that babies are being kept in neonatal units for longer than necessary, or are admitted unnecessarily, when less intensive community support would be as safe and keep babies near their parents.</p> <p>Early discharge would optimise the use of special care cots with better consequential utilisation of intensive care and high dependency capacity (as cots at the high levels of care are not occupied with special care babies) having an impact on patient flows and improving the service provision</p>	
<u>Change sought</u>	
<p>To improve community support and to take other steps to expedite discharge, pre-empt re-admissions, and otherwise improve care such as to reduce demand for critical care beds and to enable reduction in occupancy levels.</p> <p>Supported early discharge has the potential to reduce GP and A&E attendances and re-admissions in the early stages of post discharge.</p> <p>Early discharge will lead to a positive reduction in stress arising from time consuming travel to hospital for parents with other young children.</p> <p>Early discharge supports the family centred approach to care as families take their babies home at the earliest possible opportunity changes.</p> <p>Babies receiving specialist neonatal care would have their health and social care plans coordinated to help ensure a safe and effective transition from hospital to community care.</p> <p>To discharge babies earlier from inpatient neonatal special care / transitional care by providing:</p> <ul style="list-style-type: none"> • Support for tube feeding babies and their families • Monitoring of Nutrition and Growth • Support for oxygen dependent babies and their families • Support for Neonatal Abstinence Syndrome (NAS) babies on reducing doses 	

Care Delivery:

- Repassing Nasogastric (NG) tubes
- Support the transition from tube feeding to full enteral feeding
- Growth and weight monitoring
- Nutritional Advice / assessing nutritional needs
- Liaison with other health care professionals / referral on
- Weaning off oxygen therapy / oximetry studies
- Spot monitoring of saturations
- Liaison with respiratory lead on NICU
- Review of Neonatal Abstinence Syndrome (NAS) greater than 5 days

NICU to work with LNU and SCU in the same patch to scope differing approaches across a range of settings: a much more modern approach is needed than 7 day home visiting particularly when journey times are long as they might be in busy cities, but particularly in rural areas. Options might include:

- Issuing all parents with accurate scales / feeding charts for “hospital at home” accuracy in assessing progress
- Daily Skype / face time support
- Lots of online educational and other materials to support
- Weekly drop in clinics for parents
- The option to develop wider packages of support e.g. psychology, dietetics etc. to be bolted on to the drop in sessions.

Section B. CONTRACT SPECIFIC INFORMATION (for guidance on completion, see corresponding boxes in sections C below)

B1.Provider (see Section C1 for applicability rules)	<i>[Insert name of provider]</i>
B2. Provider Specific Parameters. What was or will be the first Year of Scheme for this provider, and how many years are covered by this contract? (See Section C2 for other provider-specific parameters that need to be set out for this scheme.)	This scheme will cover two years: 2017/18, 2018/19
B3.Scheme Target Payment (see Section C3 for rules to determine target payment)	Full compliance with this CQUIN scheme should achieve payment of <i>[set sum £s following the Setting Target Payment guide in section C3 for setting target payment according to the scale of service and the stretch set for the specific provider.]</i>

B4. Payment Triggers.

The Triggers, and the proportion of the target payment that each trigger determines, and any partial payment rules, for each year of the scheme are set out in Section C4.

Relevant provider-specific information is set out in this table.

[Adjust table as required for this scheme – or delete if no provider-specific information is required]

Provider specific triggers	2017/18	2018/19
Trigger 1: Baseline		
Trigger 1: Stretch level		
Trigger 2: Baseline		
Trigger 2 stretch		
Trigger 3		
	<i>[Add rows to match C4 requirements.]</i>	

B5. Information Requirements

Obligations under the scheme to report against achievement of the Triggers, to enable benchmarking, and to facilitate evaluation, are as set out in Section C5.

Final indicator reporting date for each year.	Month 12 Contract Flex reporting date as per contract. <i>[Vary if necessary.]</i>
---	---

B6. In Year Payment Phasing & Profiling

Default arrangement: half payment of target CQUIN payment each month, reconciliation end of each year depending upon achievement.

[Specify variation of this approach if required]

Section C. SCHEME SPECIFICATION GUIDE

C1. Applicable Providers

Nature of Adoption Ambition: Universal Adoption

Uptake will be through the 41 Neonatal Intensive care providers. These providers will work with their local ODNs, and with LNU and SCU in the same patch to scope differing approaches across a range of settings, to create and deploy appropriate outreach teams. These centres are best able to achieve outcomes that ensure equity of care, consistency in terms of discharge criteria and improved patient flows.

C2. Provider Specific Parameters

The scheme requires the following parameters to be set for each provider in advance of contract, in order to determine precisely what is required of each provider, and/or to determine appropriate target payment (as per C3.)

This is a 2 year scheme. The patient group to be covered are neonatal babies cared for in neonatal units.

Each provider adopting the scheme will need to identify:

- The catchment population of neonatal babies who would benefit from community support
- The baseline level of performance will be linked to the 2015/16 data (current unit average occupancy levels, patient flows and appropriate use of cots in the networks).
- Projected impact that the outreach teams will have on occupancy rates and improve patient flows and also keeping babies within the network.

C3. Calculating the Target Payment for a Provider

The target overall payment for this scheme (the payment if the requirements of the scheme are fully met, to be set in Section B3 above) should be calculated for each provider, according to the following algorithm:

< <£200,000 pa> times< number of Community Outreach Teams required* of the provider> for each year.

*The requirement for Community Outreach Teams is subject to advice from the ODNs.

See Section D3 for the justification of the targeted payment, including justification of the costing of the scheme, which will underpin the payment.

C4. Payment Triggers and Partial Achievement Rules

Payment Triggers

The interventions or achievements required for payment under this CQUIN scheme are as follows:

Descriptions	2017/18	2018/19
Trigger 1:	<p>All units to present their 2016/17 average occupancy rates for their funded cots and patient flow data.</p> <p>National Definitions on discharge criteria for outreach care, to be developed by neonatal intensive care CRG</p> <p>All Units to present to their ODNs their current discharge definitions and criteria for outreach support.</p> <p>(ODNs will assess and analyse the difference between their current state definitions and criteria and the National Definitions for babies that fall into the</p>	<p>Outreach teams to be fully functional at full capacity by September 2018</p>

	criteria for outreach support.)	
Trigger 2	<p>Providers that have presented information to their ODNs outlining the number of babies that would have been discharged (linked to the new criteria) and the impact that this would have had on occupancy rates.</p> <p>ODNs to work with NICU to scope the additional support required to provide an outreach service in line with the National Definitions and discharge criteria.</p> <p>Plan adopted to create outreach units and target reduction in occupancy levels agreed.</p>	Fall in occupancy rates by Q4 relative to projection (as per Trigger 2, year one)
Trigger 3	Providers (with support from ODNs) to recruit outreach teams to support all parts of the network to comply with national occupancy rate standards	

Percentages of Target Payment per Payment Trigger

The following table sets out the proportion of the Target payment that is payable on achievement of each of the Payment Triggers.

Percentages of Target Payment per Trigger	First Year of scheme	Second Year
Trigger 1	25%	40%
Trigger 2	50%	60%
Trigger 3	25%	
TOTAL	100%	100%

Partial achievement rules

Year One

Trigger 1: all-or-nothing

Trigger 2: all-or-nothing

Trigger 3: all-or-nothing

Year Two

Trigger 1: all-or-nothing

Trigger 2: strictly-proportional

Definitions

To be specified by ODNs and CRG.

C5. Information Flows: for benchmarking, for evaluation, and for reporting against the triggers.

Information for Benchmarking - The number of babies receiving outreach service follow-up

Information for Evaluation - Neonatal Networks through Badger discharge information

Information Governance – Covered by existing protocols.

Reporting of Achievement against Triggers - Local and network data collection-

Reporting Template requirement to be agreed by CRG and ODNs.

C6. Supporting Guidance and References

NICE 2010 Quality Standard 7 “Coordinated transition to community care” nice.org.uk

The British Association of Perinatal Medicine (BAPM)

P.C 104 “A Review of the Neonatal Outreach Community Team Service for Babies going home on oxygen” A.Singh et al., Arch Dis Child,2014

Section D. SCHEME JUSTIFICATION

D1. Evidence and Rationale for Inclusion

Evidence Supporting Intervention Sought

- ***The choice of behavioural change to remedy the problem -- in terms of its cost-effectiveness.***

Discharge pathway for babies with a gestational age under 36 weeks has been developed suitable for short term-nasogastric tube feeding at home: Units that have adopted this approach have reported reduced length of stay on average by one week. They have also reported enhanced parental/family experience and improved continuing breastfeeding rates.

To improve community nursing support to enable timely discharge for babies less than 36 weeks gestation. Early discharge will optimise the use of special care cots with better consequential use of intensive care and high dependency capacity.

A study from Leeds (2009) showed that: from April 2007 to March 2008, 12 babies were discharged home for short-term tube feeding. There was a reduction of 162 NNU days in hospital. Between April 2008 and March 2009, 28 babies were discharged home for short-term tube feeding. There has been a reduction of 313 NNU days in hospital.

Ref: Nursing Practice (2015) Leeds Neonatal Outreach service named Team of the Year 1 December, 2009

Community care would provide unique support for families who have not had the normal

experience of having a new-born baby and bonding. By developing a service that provides on-going care, advice and support.

Units in the UK which have adopted this approach have reduced the length of stay on average by one week with reported enhanced parental/family experience and improved continuing breastfeeding rates.

Rationale of Use of CQUIN incentive

Provider investment is required to shorten length of stay, whilst this will yield cost-savings to commissioners.

D2. Setting Scheme Duration and Exit Route

Two years should be sufficient period to establish the Outreach Teams. A mechanism for funding the Outreach Teams beyond the period of the CQUIN will be established if the scheme is successful, recognising the offsetting savings from reduced occupancy

D3. Justification of Size of Target Payment

The evidence and assumptions upon which the target payment was based, so as to ensure payment of at least 150% of average costs (net of any savings or reimbursements under other mechanisms), is as follows:

Costs of a community outreach team are estimated to come to around £130,000.

D4. Evaluation

Data flows on BadgerNet and through the ODN will create the information needed to evaluate the effectiveness and cost-effectiveness of the scheme.